Regimen Reference Order - GAST - ramucirumab + PACLitaxel

ARIA: GAST - [ramucirumab + PACLitaxel]

Planned Course: Every 28 days until disease progression or unacceptable toxicity

Indication for Use: Gastric cancer metastatic or gastro-esophageal junction adenocarcinoma

CVAD: At Provider's Discretion

Proceed with treatment if:

Day 1

• ANC equal to or greater than $1.5 \times 10^9 / L$ AND Platelets equal to or greater than $100 \times 10^9 / L$

- Total bilirubin equal or less than 1.5 times upper limit of normal
- AST and ALT equal or less than 3 times upper limit of normal if no liver metastases
- AST and ALT equal or less than 5 times upper limit of normal if liver metastases

Days 8 and 15

- ANC equal to or greater than 1 \times 10 9 /L AND Platelets equal to or greater than 75 \times 10 9 /L
- Total bilirubin equal or less than 1.5 times upper limit of normal
- AST and ALT equal or less than 3 times upper limit of normal if no liver metastases
- AST and ALT equal or less than 5 times upper limit of normal if liver metastases
 - Contact Physician if parameters not met

SEQUENCE OF MEDICATION ADMINISTRATION

Pre-treatment Requirements				
Drug		Dose	CCMB Administration Guideline	
Not Applicable				

Establish primary solution 500 mL of: normal saline				
Drug	Dose	CCMB Administration Guideline		
Days 1 and 15				
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes prior to ramucirumab		
raNITIdine	50 mg	IV in normal saline 50 mL over 15 minutes prior to ramucirumab		
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes prior to ramucirumab		
acetaminophen	650 mg	Orally prior to ramucirumab as needed. *If patient has had a previous Grade 1 to 2 hypersensitivity reaction		
ramucirumab	8 mg/kg	IV in normal saline 250 mL over 60 minutes Use 0.22 micron in-line filter		
metoclopramide	20 mg	Orally prior to PACLitaxel		



Updated: November 16, 2017

PACLitaxel	80 mg/m2	IV in normal saline 250 mL over 60 minutes
		Use non-DEHP bags and non-DEHP administration sets with 0.22 micron in-line filter
Day 8		
diphenhydrAMINE	50 mg	IV in normal saline 50 mL over 15 minutes prior to PACLitaxel
raNITIdine	50 mg	IV in normal saline 50 mL over 15 minutes prior to PACLitaxel
dexamethasone	20 mg	IV in normal saline 50 mL over 15 minutes prior to PACLitaxel
acetaminophen	650 mg	Orally prior to PACLitaxel as needed. *If patient has had a previous Grade 1 to 2 hypersensitivity reaction
metoclopramide	20 mg	Orally prior to PACLitaxel
PACLitaxel	80 mg/m ²	IV in normal saline 250 mL over 60 minutes Use non-DEHP bags and non-DEHP administration sets with 0.2 micron in-line filter

Flush after each medication:

50 mL over 6 minutes (500 mL/hr)

In the event of an infusion-related hypersensitivity reaction, refer to the 'Hypersensitivity Reaction Standing Order'

REQUIRED MONITORING

- Observe patient for 1 hour post-ramucirumab infusion with first and second ramucirumab infusions and then 30 minutes with subsequent ramucirumab infusions
- Blood pressure to be taken prior to every dose of ramucirumab (hypertension with ramucirumab)
- CBC, BUN, serum creatinine, total bilirubin, AST, ALT prior to days 1, 8 and 15 of each cycle
- Urinalysis for protein. Where urinalysis is not possible, use dipstick. If lab urinalysis for protein is greater than or equal to 1g/L or dipstick proteinuria shows 2+ or 3+, notify medical oncologist
 - o To be done prior to each dose of ramucirumab
- TSH prior to Day 1 of each cycle

Recommended Support Medications					
Drug	Dose	CCMB Administration Guideline			
metoclopramide	10 – 20 mg	Orally every 4 - 6 hours as needed for nausea and vomiting			

DISCHARGE INSTRUCTIONS

- Instruct patient to continue taking anti-emetic(s) at home
- Inform patient of delayed infusion type reactions: chills, flushing, hypotension, bronchospasm, dyspnea, hypoxia
- Reinforce applicable safe handling precautions of medications, blood and body fluids for 48 hours after completion of chemotherapy

ADDITIONAL INFORMATION

• Response will be determined by CT scans every 2 cycles (8 weeks)

